

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9		1				
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18		1				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						